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MEDICAID

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Medicaid is a limited resource to help economically needy citizens maintain their health, independence and well-being.

MEDICAID

Do you need help to cover your medical and health care costs?

If so, you may be eligible for Montana's Medicaid program, which helps pay the medical and health care bills of eligible patients.

Medicaid provides basic medical coverage for those with little or no resources and income. The program also provides catastrophic coverage to those with some resources and income but whose medical expenses are excessive.

It is important to note that:

- all services must be medically necessary
- not all medical services are covered by Medicaid
- most services will require a small co-payment by the Medicaid patient

NOTE: A co-payment is a portion of the bill you must pay for yourself. If you can't make the co-payment at the time of service, you may pay later. The health care provider may not deny you service.

HOW TO APPLY FOR MEDICAID

To apply for Medicaid services, you may write or call your county welfare or human services office (see the back of this brochure). An eligibility worker will schedule a time to talk privately with you about your situation. The worker will explain the rules of the program, help you fill out the application form, ask to see proof of certain information you've given, and tell you about other assistance programs for which you may be eligible.

ELIGIBILITY BASICS

To find out if you are eligible, the worker will need information about your income, assets, and expenses.

Income and Resources: Certain household resources and income must fall below fixed levels in order for you to be eligible for Medicaid.

The income and resources listed below are among those counted when eligibility is determined:

- wages
- cash
- money in bank accounts
- life insurance policies
- stocks and bonds
- land and buildings
- patient accounts in nursing homes
- gifts of money
- disability benefits and pensions
- other assistance program benefits
- sick pay and insurance payments
- any other cash or checks received

Some resources and income are not counted when determining eligibility. They are:

- usually one vehicle

- some household goods and personal belongings
- the home you own and live in and the lot it sits on

NOTE: It's unlawful to put money or possessions in someone else's name in order to qualify for Medicaid.

Citizenship: You and members of your household must be U.S. citizens or show proof of legal alien status from the Immigration and Naturalization Service.

Social Security Numbers: Every member of your household must have a Social Security number, proof of application for one, or a birth certificate.

YOUR RIGHT TO PRIVACY

Any information that is provided by you or obtained through verification is not open to the public. *All* records and information about your situation are kept in confidence and may be released only with your consent.

PROVIDING PROOF OF ELIGIBILITY

You must offer proof of some of the information you've provided in order to have your case processed. You will need to bring to your interview any of the items listed below that apply to you.

- proof of identity such as driver's license or bank cards
- naturalization or alien status papers
- official records of Social Security numbers, proof of applications for these numbers, Medicare cards or birth certificates
- papers on property such as houses, contracts for deed, promissory notes, trusts, mineral rights, mining claims, or life estates and heir property
- dissolution decree for divorced parents of minor children
- stocks and bonds records
- proof of any cash or checks received
- medical bills less than 90 days old

- information about any insurance company, person or organization who may pay for your medical service
- proof of any burial arrangements

The items below may prove helpful if you bring them to your interview.

- your most recent bank statements for checking and savings accounts
- rent or mortgage bills or receipts
- home insurance bills
- utility bills
- records of property taxes on your home

YOUR NOTICE OF ELIGIBILITY

The worker will decide if you are eligible for Medicaid within 45 days after you apply (60 if you are disabled).

If you are eligible, the worker will send you a notice that tells when your Medicaid benefits will begin. If you are not eligible, the notice will explain why.

If you don't receive the Medicaid services you believe you are eligible for, tell the worker right away.

You may ask the worker for a hearing if you disagree with any action taken on your case.

This is an equal opportunity program. If you believe you've been discriminated against because of race, color, national origin, age, sex, handicap, political beliefs or religion, write or call

Eligibility Policy Bureau Chief
P.O. Box 4210
Helena, Montana 59604
444-4540

MEDICAID BENEFITS

Medicaid's covered services may include those provided by physicians, dentists, physical, speech and occupational therapists, psychologists, optometrists and ophthamologists, hearing specialists and podiatrists.

Hospitals, out-patient surgical clinics, long-term care facilities, home and community services, case management teams, laboratories, x-ray facilities, home health agencies, family planning centers and psychiatric hospitals or mental health centers can take part in the Medicaid program.

Also covered are early periodic screening, diagnosis and treatment services for children, transportation to the nearest appropriate care facility, eyeglasses, prescription drugs and certain other medications.

RECEIVING SERVICES

If you are eligible, you will receive a Medicaid card each month which you'll need to show each time you receive health care services. If the card is inaccurate, tell your eligibility worker.

As a Medicaid patient, you can expect the same quality of health care as is available to the general public. Use program benefits with care, but not without pride.

Medicaid patients are free to choose any health care provider who takes part in the Medicaid program (not all health care providers do). If the provider you choose doesn't participate in Medicaid, you'll have to pay the bill.

The Medicaid program is a limited resource. If you use more services than are necessary, you may be denied the freedom to choose the providers of your services and be required to receive services through a physician specified by the Dept. of Social and Rehabilitation Services.

Not all services are covered by Medicaid and those that are change from time to time. It's important to ask health care providers if Medicaid will cover any prescribed service before you receive it. If Medicaid doesn't cover the service, you'll have to pay the bill.

Other than small co-payments for some services, a provider of health care may not bill you for services that are paid by Medicaid. If Medicaid pays any portion of the charges for a service, then that payment is payment in full.

Under Montana law, if you are eligible for Medicaid but *also* have health insurance, the health insurance carrier must be billed *first* for medical services provided to you. This is called "Third Party Liability" and includes insurance companies, health service organizations, individuals, institutions, corporations or anyone liable for medical costs. The law requires that you provide information regarding "third party liability" to your local county welfare department. If you do not provide this information, you become personally liable for the cost of your medical care.

If you suspect that a Medicaid provider is charging you *and* the Medicaid program for services or if you suspect charges are being made to the program for services that were not provided, please call toll free

Citizens' Advocate Office
1-800-332-2272

or write

Program Integrity Bureau
P.O. Box 4210
Helena, Montana 59604

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
P.O. Box 4210, 111 No. Sanders St., Helena, Montana 59604

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